

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/072,164
Filing Date	February 7, 2002
First Named Inventor	Mira Ben-Tzur
Group Art Unit	2811
Examiner Name	not yet known
Attorney Docket Number	10002.000400 (PM01045)

Total Number of Pages in This Submission

2

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Change of Correspondence Address Application; Return receipt postcard</b>		
<table><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

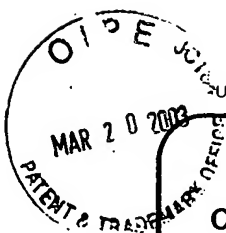
Firm or Individual name	Patrick D. Benedicto, Reg No. 40,909 OKAMOTO & BENEDICTO LLP
Signature	<i>Patrick Benedicto</i>
Date	March 14, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: March 14, 2003


Typed or printed name	Patrick D. Benedicto		
Signature	<i>Patrick Benedicto</i>	Date	March 14, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	<b>Application Number</b>	10/072,164
	<b>Filing Date</b>	February 7, 2002
	<b>First Named Inventor</b>	Mira Ben-Tzur
	<b>Group Art Unit</b>	2811
	<b>Examiner Name</b>	not yet known
	<b>Attorney Docket Number</b>	10002.000400 (PM01045)

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number **000031894** 

Place Customer Number Bar Code Label here

  
Type Customer Number here

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone			Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name     Patrick D. Benedicto, Reg No. 40,909

Signature     *Patrick D. Benedicto*

Date     March 14, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 form is submitted.